

<b>POWER OF ATTORNEY</b> or <b>Revocation of Power of Attorney</b> <b>With New Power of Attorney</b> and <b>Change of Correspondence Address</b>	Application Number	10/082,842
	Filing Date	February 21, 2002
	First Named Inventor	Choate, Albert G.
	Title	VARIABLE INCIDENCE OBLIQUE ILLUMINATOR DEVICE
	Art Unit	
	Examiner Name	
	Attorney Docket Number	91604.000189

I hereby revoke all previous powers of attorney given in the above-identified application. This Power of Attorney **does not** revoke any previous powers of attorney executed by the below-signed applicant(s), assignee(s), or principal(s) other than previous powers of attorney in the above application.

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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**OR**

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner's Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

**OR**

☒ The address associated with Customer Number: 23387

**OR**

☐ Firm or  
Individual Name

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature *David Francati*  
Name David Francati Date: June 21, 2010  
Title and Company VP Finance Telephone: 585-544-4998

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

**SIGNATURE of Agent**

Signature *Stephen B. Salai*  
Name Stephen B. Salai Date: June 28, 2010  
Title and Company Agent for Applicant(s)/Harter Secrest & Emery LLP Telephone: (585) 232-6500